



IRW

89285.0004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Yoshio WASAKI et al.
Serial No. 10/750,543
Filed December 31, 2003
For: DISPLAY STRIP

Art Unit: 3727
Examiner: Nasser Ahmad

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
April 3, 2006
Date of Deposit
Olga Berson, Reg. No. 55,001
Name *Olga Berson* 04/03/06
Signature Date

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	26	-	43	**	0	LG=\$50 SM=\$25	\$[FEE] \$ 0
INDEPENDENT CLAIMS FEE	6	-	6	***	4	LG=\$200 SM=\$100	\$200 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ [FEE]
						TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The Commissioner is hereby authorized to charge \$.0 for additional independent claims fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: *Olga Berson*
Olga Berson, Ph.D.
Registration No. 55,001
Attorney for Applicant(s)

Date: April 3, 2006

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Appl. No. 10/750,543
Amdt. Dated April 3, 2006
Reply to Office Action of January 3, 2006

Attorney Docket No. 89285.0004
Customer No.: 26021



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AMENDMENT

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Commissioner for Patents
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Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 3, 2006, favorable reconsideration is requested in view of the following remarks.

The listing of pending claims begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.